

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2	1						52							
3		2					53							
4		1					54							
5		1					55							
6		2					56							
7		2					57							
8		2					58							
9		2					59							
10		2					60							
11		2					61							
12		2					62							
13		2					63							
14		2					64							
15		2					65							
16		2					66							
17		2					67							
18							68							
19							69							
20							70							
21							71							
22							72							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL NO.	2						TOTAL NO.							
TOTAL DEP.	28						TOTAL DEP.							
TOTAL CLAIMS	30						TOTAL CLAIMS							